

BEST AVAILABLE COPY

MULTIPLE DEPEN. CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 0 / 544198	FILING DATE							
						APPLICANT(S)								
CLAIMS														
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.			
1								51						
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50								100						
TOTAL IND.	3	↓			↓			TOTAL IND.		↓			↓	
TOTAL DEP.	5	↔		↔		↔		TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS	12							TOTAL CLAIMS						